MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

CLAIMS	AS FILED IND	AS FILED DEP	AFTER 1ST AMENDMENT IND	AFTER 1ST AMENDMENT DEP	AFTER 2ND AMENDMENT IND	AFTER 2ND AMENDMENT DEP
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TOTAL IND.	1					
TOTAL DEP.	3					
TOTAL CLAIMS	4					

CLAIMS	IND	DEP	IND	DEP	IND	DEP
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